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Date: FEBRUARY 4, 2004

To: EXAMINER PIZALI
U.S. PATENT AND TRADEMARK OFFICE

Fax #: (703) 872-9314

From: DARRIN WESLEY HARRIS
Fax #: (847) 905-7111

Client/Matter No.: NL 000045 (7790/214)

of Pages: 12
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	NL 000045 (7790/214)
Application Number	09/781,383
Filing Date	FEBRUARY 12, 2001
First Named Inventor	KAREL E. KUIJK
Group Art Unit	2673
Examiner	PIZIALI, J.

ENCLOSURES (check all that apply)

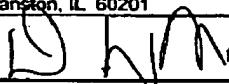
<input checked="" type="checkbox"/> Response to A Non-Final Office Action Dated November 4, 2003	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Petition for Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	
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					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$43	0	x \$86	
First Presentation of Multiple Dep. Claim					+\$145	—	+\$290=	
					total add'l fee	\$ 0	total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

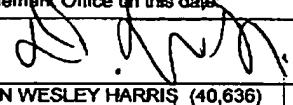
Firm or Individual name	DARRIN WESLEY HARRIS Registration No. 40,636 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201
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Signature  Date: February 4, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9314 to the U.S. Patent and Trademark Office on this date:

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Signature 	Date: February 4, 2004
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